

# Inspection Report

27 January 2024



## Portstewart Family Dental – PFD (NI) Ltd

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 6A Lever Road, Portstewart, BT55 7EF

Telephone number: 028 7083 2798

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Portstewart Family Dental - PFD (NI) Ltd	<b>Registered Manager:</b> Mrs Michele King
<b>Responsible Individual:</b> Mrs Michele King	<b>Date registered:</b> 15 September 2014
<b>Person in charge at the time of inspection:</b> Mrs Michele King	<b>Number of registered places:</b> Two
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment PT(L) – Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	
<b>Brief description of how the service operates:</b> Portstewart Family Dental - PFD (NI) Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment and prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) categories of care. The practice has two registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 27 March 2024 from 10.30 am to 1.30 pm.

It focused on the themes for the 2023/24 inspection year and assessed progress with any areas for improvement identified since the last care inspection.

There was evidence of good practice in relation to the recruitment and selection of staff; staff training; management of medical emergencies; infection prevention and control; decontamination of reusable dental instruments; adherence to best practice guidance in relation to COVID-19; radiology and radiation safety; laser safety; management of complaints and incidents; and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

### 3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

### 4.0 What people told us about the care and treatment?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

No completed staff or patient questionnaires were received prior to the inspection.

### 5.0 The inspection

#### 5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

The last inspection to Portstewart Family Dental - PFD (NI) Ltd was undertaken on 25 January 2022; no areas for improvement were identified.

### 5.2 Inspection findings

#### 5.2.1 Do recruitment and selection procedures comply with all relevant legislation?

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Mrs King oversees the recruitment and selection of the dental team and approves all staff appointments. Discussion with Mrs King confirmed that she had a clear understanding of the legislation and best practice guidance.

Dental practices are required to maintain a staff register. A review of this register confirmed that it included all required information, was kept up to date and evidenced that two new staff members had been recruited since the previous inspection.

A review of both new staff member's personnel files evidenced that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, had been sought, reviewed and retained as required.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

A review of records demonstrated that new staff members have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

The recruitment of the dental team complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

### **5.2.2 Is the dental team appropriately trained to fulfil the duties of their role?**

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Policies and procedures are in place that outline mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

Mrs King informed us that records of all staff training are held individually for each staff member. Annual appraisals are undertaken on a one to one basis and include a review of the individual's continuous professional development and will ensure that staff have completed training in accordance with RQIA training requirements. The benefit of implementing a staff training matrix was discussed with Mrs King and this was developed during the inspection.

It was demonstrated that a record is kept of all training (including induction) and professional development activities undertaken by all staff, which is overseen by Mrs King, to ensure that the dental team is suitably skilled and qualified.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

### **5.2.3 Is the practice fully equipped and is the dental team trained to manage medical emergencies?**

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency. Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines.

#### **5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?**

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

Mrs King confirmed that conscious sedation is not offered in Portstewart Family Dental – PFD (NI) Ltd.

#### **5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?**

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. Mrs King confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The lead dental nurse had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence.

During a tour of some areas of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice observed were equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of these audits is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

Review of IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

#### **5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?**

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health (DoH).

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance and the equipment was sufficient to meet the requirements of the practice. Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Records evidencing that the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance were reviewed. Mrs King informed us that one of the sterilisers was overdue the annual validation however it was verified that a date had been arranged for the engineer to complete this task in the near future.

Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. They demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

### 5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

There were COVID-19 policies and procedures in place which were in keeping with the Health and Social Care Public Health Agency guidance [Infection Prevention and Control Measures for Respiratory illnesses March 2023](#) and the [Infection Prevention and Control Manual for Northern Ireland](#).

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of best practice guidance, and focused on, training of staff, and enhanced cross-infection control procedures. There is an identified COVID-19 lead staff member and arrangements are in place to ensure the dental team is regularly reviewing COVID-19 advisory information, guidance and alerts.

A review of the COVID-19 arrangements evidenced that procedures are in place to ensure the staff adhere to best practice guidance to minimise the risk of COVID-19 transmission.

### 5.2.8 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements regarding radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive Northern Ireland (HSENI). A review of records evidenced the practice had registered with the HSENI.

The practice has two surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained.

A review of the file confirmed that a process was in place for the Employer to entitle members of the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. It was identified that three staff did not have entitlement records in place. This was discussed with Mrs King and following the inspection RQIA received confirmation that entitlement records were in place for all relevant staff.

The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

The most recent report generated by the RPA, (dated 15 June 2021 for surgery one; 13 July 2021 for surgery two), evidenced that the x-ray equipment had been examined and any recommendations made had been actioned.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that measures are taken to optimise radiation dose exposure. A review of completed audits confirmed that six monthly x-ray grading audits were completed. A discussion took place regarding annual justification and clinical evaluation audit process. Miss King confirmed that this had not yet been documented and following the inspection RQIA received confirmation that this audit had been completed for each dentist and would be undertaken annually hence forth.

Following the actions taken in response to the matters identified the radiology and radiation safety arrangements evidenced that procedures are in place to ensure that appropriate x-rays are taken safely.

### **5.2.9 How does the service ensure that dental laser procedures are safe**

#### **Staffing**

Mrs King confirmed that laser dental treatments will be carried out solely by authorised operators. The register of authorised operators for the laser machine was found to be up to date.

Mrs King confirmed that she was aware that should a new authorised operator be recruited in the future, all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for inspection.

A review of training records evidenced that all authorised users have up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

#### **Laser safety**

A laser safety file was in place which contained the relevant information in relation to the laser equipment. There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) to be reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires in October 2024.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during October 2023 and all recommendations made by the LPA have been addressed.

Mrs King told us that laser dental procedures will be carried out following laser treatment protocols as outlined in the Epic 10 user manual and signed by Mrs King. Mrs King confirmed that arrangements were in place to review the laser treatment protocols every year. The laser treatment protocols contained the relevant information about the treatments being provided in accordance with best practice guidance.

Mrs King, as the laser protection supervisor (LPS), has responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols.

The laser is located in Surgery two, which in laser terms is known as the controlled area. The controlled area can be accessed by two doors; the main door is for patient access and the second door is for staff only which leads to a private office. The laser equipment is to be used as an interlocked power supply connected to the main entry door of the controlled area. This will allow the main door to remain unlocked as the laser equipment will automatically turn off in the event of the door being opened. The second door is to be locked from the inside when the laser equipment is in use. Mrs King informed us that when the laser device is operational, laser safety warning signage will be displayed on both outer doors and removed when not in use.

The laser is operated using a key switch. Arrangements are in place for the safe custody of the laser key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The practice has policies and procedures in place for infection prevention and control. It was confirmed that cleaning schedules have been devised and implemented in relation to the decontamination of laser equipment between patients including the protective eyewear.

Portstewart Family Dental has a laser register in place. Mrs King confirmed that the authorised complete the register every time the equipment is operated. The register reviewed included:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incidents

Mrs King confirmed that arrangements are in place to service and maintain the laser equipment in line with the manufacturer's guidance.

Observations made evidenced that a carbon dioxide (CO2) fire extinguisher is available which has been serviced within the last year.

It was determined that appropriate arrangements were in place to maintain the environment and to operate the laser equipment.

## Patient pathway

Mrs King told us that patients will be provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which will outline the treatment provided, any risks, complications and expected outcomes.

Mrs King confirmed that a price list of all laser dental treatments will be available for each laser procedure. Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the patient.

Mrs King confirmed patient laser treatments will be recorded on patient dental care records. Records will be retained in an electronic format and appropriate systems and processes are in place for the management of records and maintaining patient confidentiality.

It was determined that appropriate measures are in place to maintain patient confidentiality and observations made evidenced that client care records were stored securely.

### 5.2.10 Are complaints and incidents being effectively managed?

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

It was identified that there were different versions of the complaints policy and procedure, this was discussed with Ms King who demonstrated good knowledge on the management of complaints. Following the inspection RQIA received a copy of the updated policy that provided clear instructions for patients and staff to follow. It was demonstrated that patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Mrs King confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs King confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

The dental team was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

Arrangements were in place to share information with the dental team about complaints and incidents including any learning outcomes, and also compliments received.

Systems were in place to ensure that complaints and incidents were being managed effectively in accordance with legislation and best practice guidance.

**5.2.11 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?**

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mrs King was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

**5.3 Does the dental team have suitable arrangements in place to record equality data?**

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed.

**6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Michele King, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)